

FILED MAY 15 1944

Registration District No. 142

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4271

State File No.

15061

Registrar's No. 26

## 1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Alma, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Fred Henry Dankenbring.

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 493-121580

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Selma Dankenbring  
6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 15, 1896.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 9 17 hr. min.

9. Birthplace Concordia, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

## 11. Industry or business:

MOTHER FATHER { 12. Name August Dankenbring  
13. Birthplace Frank, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Busch  
15. Birthplace Concordia, Mo.  
(City, town, or county) (State or foreign country)

16. (a) \*Informant Mrs. Selma Dankenbring,  
(b) Address Alma, Missouri.

17. (a) Burial (b) Date thereof 5/4/1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Ev. Luth. Cem.

18. (a) Signature of funeral director Alfred H. Bremer  
(b) Address Alma, Mo.

19. (a) 5-3-1944 (b) Dr. W.A. Brackley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Lafayette,  
(c) City or town Alma, Missouri;  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd  
year 1944. hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-17- 1943 to 5-2- 1944  
that I last saw him alive on 5-2- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion  
Due to Acute Indigestion

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

## 22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? No (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. S. W. Fischer (M. D. or other)  
Address Alma, Mo. Date signed 5/3/44

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

RECEIVED

Patrol Health Officer No. 8.

License No. Number

Date Filed

5-17-44

JUN 12 1944

MAY 17 1944

NOV 2 1944

MAR 2 1945

DEC 28 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
*Alfred L. Bremer*

Licensed Embalmer No. 2696.

P. O. Address. Alma, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.